

## OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

1600 Ninth Street, Room 420 Sacramento, California 95814  
107 South Broadway, Room 7117, Los Angeles, CA. 90012

Phone (916) 654-3362 FAX (916) 654-2973  
Phone (213) 897-0166 FAX (213) 897-0168

### Building Permit

<b>A</b>	Facility Name				OSHPD #	
	Address - Street				Facility I.D. #	
	City		County		Zip	
	Title of Project (45 characters max.)			Applicant's Job #:		
						<b>Type of Project</b> <input type="checkbox"/> New Facility <input type="checkbox"/> Addition <input type="checkbox"/> Remodel <input type="checkbox"/> Repair
<b>B</b>	Administrator				Phone #	
	Legal Owner					
	Address		City		State Zip	
						<b>Type of Facility</b> <input type="checkbox"/> Gen. Acute <input type="checkbox"/> SNF/ICF <input type="checkbox"/> Psych <input type="checkbox"/> Correctional Treatment Center
<b>C</b>	Plans and Specifications prepared by the following: Check which discipline is in general responsible charge of the project <input checked="" type="checkbox"/>				Total Licensed Beds After Construction	
	Architect - Firm		Reg. #:		Mechanical Engineer - Firm	
	Address:		City:		State: Zip	
	Phone		FAX #		Phone FAX #	
	Structural Engineer - Firm				Electrical Engineer - Firm	
	Address:		City:		State: Zip	
	Phone		FAX #		Phone FAX #	
	Contractor - Firm		State Lic.#		Lic. Class Exp. Date	
	Address:		City:		State: Zip	
	Phone		FAX #		Phone FAX #	
<b>D</b>	<b>LICENSED CONTRACTOR'S DECLARATION:</b> I hereby affirm that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect. Contractor's Name: _____ Signature _____					
<b>E</b>	<b>WORKER'S COMPENSATION DECLARATION:</b> I hereby affirm that I have a certificate of consent to self-insure, or a certification of Worker's Compensation Insurance, or a certified copy thereof (Section 3800, Labor Code). Policy # _____ Copy Shall be attached. Date of expiration _____ Company _____ Current certified copy has been previously filed with OSHPD <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>F</b>	<b>OWNER-BUILDER DECLARATION:</b> I hereby affirm that I am exempt form the Contractor's License Law for the following reason (Sec. 7031.5 Business and Professions Code: Any city or county which requires a permit to construct, alter, improve, demolish or repair any structure, prior to its issuance, also requires that the applicant for such permit to file a signed statement that he/she is licensed pursuant to the provisions of the Contractor's License Law (Chapter 9 (Commencing with Section 7000) of Division 3 of the Business and Professions Code) or that he/she is exempt therefrom and the basis for the alleged exemption. Any violation of Section 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than five hundred dollars (\$500)).					
	<input type="checkbox"/> I, as owner of the property, or my employees with wages as their sole compensation, will do the work, and the structure is not intended or offered for sale (section 7044, Business and Professions code: the Contractor's License Law does not apply to an owner of property who builds or improves thereon, and who does such work himself or through his own employees, provided that such improvements are not intended or offered for sale. If, however the building or improvement is sold within one year of completion, the owner-builder will have the burden of proving that he/she did not build or improve for the purpose of sale.).					
	<input type="checkbox"/> I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Professions Code: The Contractor's License Law does not apply to an owner of property who builds or improves thereon, and contracts for such projects with a contractor(s) licensed pursuant to the contractor's License Law.).					
	<input type="checkbox"/> I am exempt under Sec. _____, Building and Professions Code for this reason: _____ Signature (Legal Signature and Title): _____ Title: _____					
<b>G</b>	<b>SPECIAL CONDITIONS:</b>					
<b>H</b>	<b>PERMIT EXPIRES IF AUTHORIZED WORK IS NOT COMMENCED WITHIN ONE YEAR PERIOD, OR SUSPENDED FOR ONE YEAR</b>					
	Name				Contract Amount	
	Address:				City: State: Zip	
	I certify that I have read this application and state that the above information is correct and that I am the owner or the duly authorized agent for the owner. I agree to comply with all applicable laws relating to building construction. I hereby authorize representatives of the State of California to enter the above mentioned facility for inspection purposes. If, after making the Certificate of Exemption from the Worker's Compensation provisions of the Labor Code I should become subject to such provisions, I will forthwith comply. In the event I do not comply with the Worker's Compensation Law, this permit shall be revoked.				Permit issued this ____ day of _____	
	Signature _____ Date _____ <input type="checkbox"/> Owner <input type="checkbox"/> Agent for Owner				By _____  Regional Construction Supervisor Office of Statewide Health Planning and Development	

## **INSTRUCTIONS FOR BUILDING PERMIT FORM (OSH-FD-302)**

- A Enter name as it appears on the facility license. Enter street address, city, county, and zip code (five or nine digit code as applicable).
- B Enter name and phone number of the facility administrator. Also enter address of the legal owner. Enter total licensed beds after construction. Check block indicating type of project. Check type of facility as it is licensed.
- C Provide information as on the Application for Plan Review. Check the box for the discipline which is in general responsible charge; OSHPD will send all project correspondence to this discipline. Sections A, B and C of the Building Permit Form correspond to Sections A, C, D and I of the Application for Plan Review.
- D This section is an affirmation that you are a licensed contractor and that your license is in full force and affect.
- E Workers Compensation Declaration: Check the appropriate box indicating 1) certificate of consent to self-insure, 2) certificate of workers compensation insurance, 3) you are exempt from workers compensation insurance. If you have certificate of consent to self-insure or workers compensation insurance, provide policy number, date of expiration and company in the spaces provided. You must either attach a copy of your certificate of consent to self-insure or certificate of workers compensation insurance, or have a current copy filed with OSHPD.
- F Section F, applies only if this is an owner/builder project. If the owner of the facility or the employees are to perform the work, check the appropriate box in Section F and sign this section.
- G The special condition section of the building permit will be filled out by the OSHPD regional construction supervisor.
- H Provide the name, address and signature of the owner or agent. Indicate the contract amount in the space provided.

**NOTE:** This permit expires if the work authorized is not commenced within one year after the date on this permit, or if work is suspended for one year after construction has begun.